

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4070</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Pamm</u> <u>W</u> <u>Fair</u> P.O. Box, Bldg., Room No., if any Street <u>5757 Wilshire Boulevard</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036-3600</u>	4. Name, file number, and address of labor organization. Name <u>Screen Actors Guild</u> Labor Organization File Number <u>000-113</u> P.O. Box, Building and Room Number, if any Street <u>5757 Wilshire Boulevard</u> City <u>Los Angeles</u> State <u>California</u> ZIP Code + 4 <u>90036-3600</u>
5. Position in labor organization. <u>Natl.Exec.Director, Policy/Planning</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7/18/05
Date

323-549-6702

Telephone Number

Name of Person Filing Pamm Fair	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Time Warner Entertainment**

Trade Name, if any: **People Magazine**

P.O. Box, Bldg., Room No., if any

Street **1271 Ave. of Americas**

City **New York**

State **New York** ZIP Code + 4 **10020-1300**

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **See 11a**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

People Magazine is a publication that seeks advertising from numerous entertainment employers, including studios and networks, and contracts with SAG to cohost the SAG Awards Post Show Gala. Value of dealings not reasonably ascertainable.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

I recieved the SAG Awards Gala gift bag that was given to all attendees upon exiting the Gala. The bags include cosmetics, hair products, trade publications & other small value items. The value of the bag is not reasonably ascertainable.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Pamm Fair	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Geffner & Bush**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 110**

Street **3500 West Olive Ave**

City **Burbank**

State **California** ZIP Code + 4 **91505-4657**

9. Business deals with:

☒ a. Labor Organization

☒ b. Trust

☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **See 11a**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Geffner & Bush is counsel to SAG and the Producers-SAG Pension and Health Plan. The dollar value of these dealings is unknown.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

August 7, 2004 - 4 LA Dodgers Tickets
Value of these tickets is not reasonably ascertainable.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Pamm Fair	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Entertainment Industry Foundation

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 401

Street 11132 Ventura Blvd

City Studio City

State California ZIP Code + 4 91604

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☒ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name See 11a

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

EIF is a 501c-3 nonprofit organization that aims to raise awareness & funds for causes such as childhood hunger, cancer research, creative arts, education, and more. EIF is supported by entertainment industry leaders, members and unions such as SAG. The **VALUE OF SUCH DEALINGS IS UNKNOWN.**

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

I received 2 tickets from EIF to a fundraising dinner for the Shoa Foundation. I am an officer of EIF and its board representative from SAG and I attended this function in that capacity. The value of this dinner not reasonably ascertainable.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.